| Fill in this information to identify your case: | | |
|---|-------------------------------|--|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF FLORIDA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | Part 1: Identify Yourself | | | | | | |
|-----|--|---|---|--|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| 1. | Your full name | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Kenneth First name John Middle name Schickel Last name and Suffix (Sr., Jr., II, III) | Judith First name Marie Middle name Schickel Last name and Suffix (Sr., Jr., II, III) | | | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Kenny Schickel | Judy Marie Schickel Judith M. Schickel | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6702 | xxx-xx-9214 | | | | |

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Debtor 1 Kenneth John Schickel
Debtor 2 Judith Marie Schickel

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|-------------------|--|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | |
| | | EINS | EINs | | | |
| 5. Where you live | | 1556 Oak View Drive Sarasota, FL 34232 | If Debtor 2 lives at a different address: | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Sarasota | Overtee | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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| Debtor 1 Kenneth John Schickel Debtor 2 Judith Marie Schickel | | | | | Case number (if known) | | | |
|---|---|---|---|---|---|--|-------------------------------|--|
| Par | t 2: Tell the Court About | ∕our Bank | ruptcy Ca | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | ■ Chap | ter 7 | | | | | |
| | | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | | | | |
| | | ☐ Chap | ter 13 | | | | | |
| about hov order. If y a pre-prin | | | | ou may pay. Typica attorney is submit address. y the fee in instal | ally, if you are paying the fee you tting your payment on your beh Iments. If you choose this option | ck with the clerk's office in your local court for nourself, you may pay with cash, cashier's check alf, your attorney may pay with a credit card or on, sign and attach the Application for Individua | k, or money r check with | |
| | | ☐ I re but | e Filing Fe equest that t is not req plies to yo | ee in Installments (at my fee be waiv uired to, waive your family size and | Official Form 103A). ed (You may request this optio ur fee, and may do so only if yo you are unable to pay the fee i | n only if you are filing for Chapter 7. By law, a pur income is less than 150% of the official pown installments). If you choose this option, you ricial Form 103B) and file it with your petition. | judge may, verty line that | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ine 12. | | | | |
| | | ☐ Yes. | Has yo | our landlord obtain | ed an eviction judgment agains | st you? | | |
| | | | | No. Go to line 12 | | | | |
| | | | | Yes. Fill out <i>Initia</i> this bankruptcy p | | Judgment Against You (Form 101A) and file it | as part of | |
| | | | | | | | | |

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| Debtor 1 Kenneth John Schi Debtor 2 Judith Marie Schic | | | | Case number (if known) | | | |
|---|--|---|------------------------|---|---|--|--|
| | | | | | | | |
| Par | t 3: | Report About Any Bu | sinesses | You Own as a Sole Proprie | etor | | |
| 12. | of an | ou a sole proprietor y full- or part-time ness? | ■ No. | ■ No. Go to Part 4. | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, | | | ☐ Yes. | Name and location of bu | siness | | |
| | | ess you operate as dividual, and is not a rate legal entity such | | Name of business, if any | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach | | | | | exte & ZIP Code extextox to describe your business: | | |
| | וו נט נו | nis petition. | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | _ | I Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | _ • | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | ☐ None of the abov | e | | |
| 13. | Chap Bank you a debto For a busin | ou filing under outer 11 of the ruptcy Code and are a small business or? definition of small ess debtor, see 11 C. § 101(51D). | deadlines operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropries. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process.C. 1116(1)(B). I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup | | | |
| | | | ☐ Yes. | Code. I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: | Report if You Own or | Have Any | Hazardous Property or Ar | ny Property That Needs Immediate Attention | | |
| 14. | • | ou own or have any | ■ No. | | | | |
| | allego of im ident | erty that poses or is ed to pose a threat minent and ifiable hazard to | ☐ Yes. | What is the hazard? | | | |
| | Or do | c health or safety? b you own any erty that needs ediate attention? | | If immediate attention is needed, why is it needed? | | | |
| | perisi livest or a b | xample, do you own hable goods, or ock that must be fed, building that needs tt repairs? | | Where is the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | For e perisi livest or a b | xample, do you own hable goods, or ock that must be fed, building that needs | | • | Number, Street, City, State & Zip Code | | |

| | tor 1 Kenneth John Sch tor 2 Judith Marie Schio | nicke | | <i>.</i> u 0 | .G/ <u>Z</u> | 1/19 Page 5 of 51 Case number (if known) | | |
|------|---|-------|--|--------------|---|---|--|--|
| Part | | | ceive a Briefing About Credit Counseling | | | . , _ | | |
| ı uı | Explain Tour Elloris | | out Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 15. | Tell the court whether you have received a briefing about credit counseling. | | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | |
| | The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have | | _ | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate | | |
| | so, you are not eligible to file. If you file anyway, the court can dismiss your case, you | | a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | | of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | |
| | will lose whatever filing fee you paid, and your creditors can begin collection activities again. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver | | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | |
| | | | of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | |
| | | | bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is | | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | |
| | | | dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you | | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | |
| | | | developed, if any. If you do not do so, your case may be dismissed. | | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | | |
| | | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | | | | | |
| | | | I am not required to receive a briefing about credit counseling because of: | | | I am not required to receive a briefing about credit counseling because of: | | |
| | | | ☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | |
| | | | ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I | | | ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to | | |

do so.

Active duty.

combat zone.

of credit counseling with the court.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

reasonably tried to do so.

military combat zone.

Active duty.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

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| | tor 1 Kenneth John Sci tor 2 Judith Marie Schi | | | Case n | number (if known) | | | | |
|------|---|----------------------|---|--|--|--|--|--|--|
| Part | | | enorting Purnoses | | | | | | |
| | What kind of debts do | 16a. | | sumer debts? Consumer debts are | re defined in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| | you have? | | individual primarily for a personal, family, or household purpose." | | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | □ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or bu | usiness debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 25,001-50,000 | | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 40,004,05,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | □ More than 100,000 | | | | |
| 19. | How much do you | □ \$0 - \$9 | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | | | |
| | | . , | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | | | | | |
| 20. | How much do you | □ \$0 - \$50,000 | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | | |
| | estimate your liabilities to be? | _ | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$100 million | | | | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have ex | amined this petition, and I declar | e under penalty of perjury that the | information provided is true and correct. | | | | |
| | | | | | ligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. | | | | |
| | | | | pay or agree to pay someone who otice required by 11 U.S.C. § 342(| o is not an attorney to help me fill out this (b). | | | | |
| | | I request | relief in accordance with the cha | pter of title 11, United States Code | e, specified in this petition. | | | | |
| | | | cy case can result in fines up to \$ | | oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | /s/ Kenn | neth John Schickel | | Marie Schickel | | | | |
| | | | n John Schickel e of Debtor 1 | Judith Mari Signature of D | | | | | |
| | | Executed | March 21, 2019 MM / DD / YYYY | Executed on | March 21, 2019 MM / DD / YYYY | | | | |
| | | | | | | | | | |

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| Debtor 1 Debtor 2 Kenneth John Sc Judith Marie Sch | | Cas | se number (if known) |
|---|---|---------------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Uni | ted States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applie schedules filed with the petition is incorrect. | es, certify that I have no know | vledge after an inquiry that the information in the |
| | /s/ Timothy W. Gensmer | Date | March 21, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Timothy W. Gensmer | | |
| | Timothy W. Gensmer, P.A. | | |
| | Firm name | | |
| | 2831 Ringling Blvd. Ste. 202-A | | |
| | Sarasota, FL 34237-5348 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 941.952.9377 | Email address | tim@timgensmer.com |
| | 586242 FL | | |
| | Bar number & State | | |

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| HII | in this inform | ation to identify your ca | 250. | - | | |
|------------|-----------------|---|--|--|-------------|--------------------------|
| | | | | | | |
| Deb | otor 1 | Kenneth John Sch | Middle Name | Last Name | | |
| Deb | otor 2 | Judith Marie Schic | kel | | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Bar | kruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| Cas | e number | | | | | |
| (if kn | _ | | | | ☐ Chec | k if this is an |
| | | | | | amer | nded filing |
| Su Be a | mmary o | nd accurate as possible ut all of your schedules | e. If two married people first; then complete th | nd Certain Statistical Information are filing together, both are equally responsible form. If you are filing amend on the box at the top of this page. | | |
| Part | t 1: Summa | rize Your Assets | | | | |
| | | | | | Your a | issets |
| | | | | | Value | of what you own |
| 1. | Schedule A | B: Property (Official For | m 106A/B) | | Φ. | 220 000 00 |
| | 1a. Copy line | 55, Total real estate, fro | m Schedule A/B | | \$ | 220,000.00 |
| | 1b. Copy line | 62, Total personal prope | erty, from Schedule A/B | | \$ | 52,664.00 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | \$ | 272,664.00 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | | |
| | | | | | | iabilities nt you owe |
| 2. | Schodulo D: | Creditors Who Have Clai | ims Socured by Proporty | (Official Form 106D) | | • |
| ۷. | | | | the bottom of the last page of Part 1 of Schedule D | \$ | 210,310.61 |
| 3. | Schedule E/ | F: Creditors Who Have U | nsecured Claims (Officia | I Form 106E/F) | | |
| | | | | s) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the | total claims from Part 2 | (nonpriority unsecured cl | laims) from line 6j of Schedule E/F | \$ | 21,647.97 |
| | | | | | | |
| | | | | Your total liabilities | \$ | 231,958.58 |
| | | | | | | <u> </u> |
| Part | 3: Summa | rize Your Income and E | Expenses | | | |
| 4. | Schedule I: \ | our Income (Official Forr | n 106I) | | | |
| 4. | | | | 1 | \$ | 3,358.99 |
| 5. | Schedule J: | Your Expenses (Official F | form 106J) | | | |
| | Copy your m | onthly expenses from line | e 22c of Schedule J | | \$ | 3,003.09 |
| Part | 4: Answe | These Questions for A | dministrative and Stati | stical Records | | |
| 6. | - | g for bankruptcy under have nothing to report o | • • • | heck this box and submit this form to the court with yo | ur other sc | hedules. |
| | ■ Yes | | | | | |
| 7. | | f debt do you have? | | | | |
| | Your de | ebts are primarily consu | ımer debts. Consumer d | debts are those "incurred by an individual primarily for | a persona | , family, or |
| | | | | g for statistical purposes. 28 U.S.C. § 159. | • | • |
| | ☐ Your de | ebts are not primarily co | onsumer debts. You have | ve nothing to report on this part of the form. Check this | s box and s | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

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| Debti |)I Z | Judith Marie Schickel Case number (if known) | | |
|-------|------|---|---|-------------|
| | | n the Statement of Your Current Monthly Income: Copy your total current monthly income from Official For A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | n | \$ 97.29 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clain | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Debtor 1

Kenneth John Schickel

| | Case 6.19-0K-0249 | o-MGW Doc't Filed 03/21/18 | Page 10 C | זכ וו | | |
|--|---|---|-----------------------|--|--|--|
| Fill in this inform | nation to identify your case and t | his filing: | | | | |
| Debtor 1 | Kenneth John Schickel | | | | | |
| Debtor 2 | First Name Middl Judith Marie Schickel | e Name Last Name | | | | |
| (Spouse, if filing) | | e Name Last Name | | | | |
| United States Bar | nkruptcy Court for the: MIDDLE D | DISTRICT OF FLORIDA | | | | |
| Case number | | | | ☐ Check if this is an amended filing | | |
| | | | | 3 | | |
| _ | rm 106A/B e A/B: Property | | | 12/15 | | |
| | | an asset only once. If an asset fits in more than one | | 12/15 | | |
| No. Go to PartYes. Where is | | What is the property? Check all that apply | | | | |
| 1556 Oak \ | View Drive | Single-family home | Do not deduct secu | educt secured claims or exemptions. Put | | |
| Street address, it | f available, or other description | Duplex or multi-unit building | | secured claims on Schedule D: ve Claims Secured by Property. | | |
| | | Condominium or cooperative | | , , , | | |
| | | ☐ Manufactured or mobile home | Current value of the | he Current value of the | | |
| Sarasota | FL 34232-0000 | Land | entire property? | portion you own? | | |
| City | State ZIP Code | ☐ Investment property☐ Timeshare | \$220,000 | | | |
| | ☐ Other (se | | | re of your ownership interest le, tenancy by the entireties, or | | |
| | | Who has an interest in the property? Check one Debtor 1 only | a life estate), if kn | own. | | |
| Sarasota | | Debtor 2 only | | | | |
| County | | Debtor 1 and Debtor 2 only | - Check if this | is community property | | |
| | | ☐ At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions | | | |
| | | Legal Description: LOT 8, BLOCK 6, T PER PLAT THEREOF RECORDED IN F 11B, OF THE PUBLIC RECORDS OF S | PLAT BOOK 24, | PAGES 11, 11A AND | | |
| | | or all of your entries from Part 1, including any t number here | | \$220,000.00 | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debt Debt | | Kenneth John Schickel Judith Marie Schickel | | Case number (if known) | | |
|---------------|-------------------------------------|---|---|--------------------------|---|--|
| 3. C a | · | s, trucks, tractors, sport utility | vehicles, motorcycles | | | |
| | Yes | | | | | |
| 3.1 | Make: Model: Year: Approxi | Lexus ES330 2005 imate mileage: 181900 | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | the amount of an | y secured clair ave Claims Se the Cur | or exemptions. Put ms on Schedule D: cured by Property. rrent value of the tion you own? |
| | | nformation: | ☐ At least one of the debtors and another | | | |
| | Kelly Value | Blue Book Private Party | Check if this is community property (see instructions) | \$2,79 | <u>8.00</u> _ | \$2,798.00 |
| 3.2 | | Nissan Sentra 2015 imate mileage: 48000 information: | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | the amount of an | y secured clair ave Claims Se the Cur | or exemptions. Put ms on Schedule D: cured by Property. rrent value of the tion you own? |
| | Joint | condition with daughter, Loretta er, who has possession of whicle | ☐ Check if this is community property (see instructions) | \$9,63 | 4.00 | \$4,817.00 |
| 5 A | | | own for all of your entries from Part 2, includin te that number here | | | \$7,615.00 |
| Part 3 | 3: Descr | ibe Your Personal and Household | Items | | | |
| Do y | ou own | or have any legal or equitable | interest in any of the following items? | | portio Do no | ent value of the on you own? It deduct secured or exemptions. |
| | <i>xamples.</i> No | d goods and furnishings Major appliances, furniture, line | ns, china, kitchenware | | | |
| | Yes. D | escribe | | | | |
| | | Table and 8 C Stove, Bed, T | at, 2 Lamps, Coffee Table, 2 End Tables, I hairs, Sofa, 2 Chairs, Lamp, 2 Rugs, Was V, TV Stand, 2 End Tables, Toaster, Refriç acuum, 2 Dressers, 2 Beds, Lamp, Desk | her, Dryer, | | \$1,000.00 |
| | l No | | ideo, stereo, and digital equipment; computers, p , media players, games | rinters, scanners; music | collections; e | electronic devices |
| _ | res. D | <u></u> | J. O. II Di | | | 640.00 |
| | | Telephone an | a Cell Phone | | | \$10.00 |

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| Debtor 1 Debtor 2 | Kenneth John Schickel Judith Marie Schickel | Case number (if known) |
|------------------------------------|---|---|
| | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, picto other collections, memorabilia, collectibles | cures, or other art objects; stamp, coin, or baseball card collections; |
| | Describe | |
| Example No | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, musical instruments | s, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; |
| ⊔ Yes. | Describe | |
| Exam _l ■ No | bles: Pistols, rifles, shotguns, ammunition, and related equipment Describe | |
| 11. Clothe Examp □ No | s oles: Everyday clothes, furs, leather coats, designer wear, shoes, accesso | sories |
| _ | Describe | |
| | Men's Cothing \$50 Women's Cothing \$50 | \$100.00 |
| Examp ■ No □ Yes. 14. Any ot ■ No | rm animals bles: Dogs, cats, birds, horses Describe her personal and household items you did not already list, including | g any health aids you did not list |
| | he dollar value of all of your entries from Part 3, including any entrients. Write that number here | |
| | scribe Your Financial Assets | |
| Do you ov | n or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | oles: Money you have in your wallet, in your home, in a safe deposit box, | , and on hand when you file your petition |
| | ts of money les: Checking, savings, or other financial accounts; certificates of deposi institutions. If you have multiple accounts with the same institution, I | |

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| Debtor 1 Debtor 2 | Kenneth Joh Judith Marie | | | | Case number (if known) | |
|----------------------------------|--|-------------|--|-------------------------------|--|----------------------|
| ■ Yes | | | | Institution name: | | |
| | | 17.1. | Checking Act #6825 | SunTrust Bank | | \$100.00 |
| | | 17.2. | Savings Act #1962 | SunTrust Bank | | \$5.00 |
| | s, mutual funds, on aples: Bond funds, | | ely traded stocks ent accounts with brokera | ge firms, money market a | accounts | |
| | | | Institution or issuer name | e: | | |
| | oublicly traded sto venture | ock and | interests in incorporate | d and unincorporated b | usinesses, including an interest in an LL | .C, partnership, and |
| ☐ Yes | . Give specific info | | about them me of entity: | | % of ownership: | |
| Nego | tiable instruments | include p | nds and other negotiable personal checks, cashiers those you cannot transfer | ' checks, promissory note | es, and money orders. | |
| ☐ Yes | . Give specific info | | about them uer name: | | | |
| | ement or pension aples: Interests in I | | |), thrift savings accounts, | or other pension or profit-sharing plans | |
| ■ Yes | . List each accoun | | ely. of account: | Institution name: | | |
| | | Pens | ion | SunTrust | | Unknown |
| Your | | d deposit | s you have made so that | | e or use from a company ater), telecommunications companies, or oth | ners |
| _ | | | | Institution name or indi- | vidual: | |
| 23. Annu i I No | ties (A contract fo | r a perio | dic payment of money to y | you, either for life or for a | number of years) | |
| | lss | suer nam | e and description. | | | |
| 26 U.S | sts in an education .C. §§ 530(b)(1), 5 | | | ed ABLE program, or u | nder a qualified state tuition program. | |
| ■ No □ Yes | Ins | stitution r | name and description. Sep | parately file the records o | f any interests.11 U.S.C. § 521(c): | |
| 25. Trust s | s, equitable or fut | ure inte | rests in property (other | than anything listed in I | ine 1), and rights or powers exercisable f | or your benefit |
| ☐ Yes | . Give specific info | ormation | about them | | | |
| Exam | | | s, trade secrets, and othes, websites, proceeds from | | | |
| ■ No □ Yes | . Give specific info | ormation | about them | | | |
| | | | r general intangibles lusive licenses, cooperation | ve association holdings, I | iquor licenses, professional licenses | |

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| Debtor 1 Debtor 2 | Kenneth John Schickel Judith Marie Schickel | Case number (if known) | |
|----------------------------|--|---|---|
| ☐ Yes | s. Give specific information about them | | |
| Money o | r property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax r o ■ No | efunds owed to you | | |
| ☐ Yes | s. Give specific information about them, including whether you alre | eady filed the returns and the tax years | |
| Exan | ly support mples: Past due or lump sum alimony, spousal support, child support. s. Give specific information | port, maintenance, divorce settlement, property | settlement |
| | • | | |
| | r amounts someone owes you nples: Unpaid wages, disability insurance payments, disability ber benefits; unpaid loans you made to someone else | nefits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | s. Give specific information | | |
| | ests in insurance policies nples: Health, disability, or life insurance; health savings account | (HSA); credit, homeowner's, or renter's insurar | nce |
| ■ Yes | s. Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | State Farm Life Insurance | Kenneth Schickel | \$25,000.00 |
| | State Farm Life Insurance | Kenneth Schickel | \$18,824.00 |
| | NY Life AARP Life Insurance | Judith Schickel | \$0.00 |
| If you | nterest in property that is due you from someone who has di u are the beneficiary of a living trust, expect proceeds from a life in eone has died. | | eive property because |
| ■ No | | | |
| ☐ Yes | s. Give specific information | | |
| Exan | ns against third parties, whether or not you have filed a lawsumples: Accidents, employment disputes, insurance claims, or right | | |
| ■ No □ Yes | s. Describe each claim | | |
| | r contingent and unliquidated claims of every nature, includin | ng counterclaims of the debtor and rights to | set off claims |
| ■ No | | | |
| ☐ Yes | s. Describe each claim | | |
| 35. Any f ■ No | inancial assets you did not already list | | |
| | s. Give specific information | | |
| | I the dollar value of all of your entries from Part 4, including a | | \$43,929.00 |

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| Debto Debto | | Kenneth John Schickel Judith Marie Schickel | | Case number (if known) | |
|----------------|--------------------|--|----------------------------|-----------------------------|--------------|
| Part 5: | Des | cribe Any Business-Related Property You Own or Have an Inte | rest In. List any real est | ate in Part 1. | |
| 37. Do | you o | wn or have any legal or equitable interest in any business-relat | ed property? | | |
| | lo. Go | to Part 6. | | | |
| ΠY | es. G | o to line 38. | | | |
| Part 6: | | cribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | ı Own or Have an Intere | st In. | |
| | • | own or have any legal or equitable interest in any farm- | or commercial fishin | ng-related property? | |
| | No. (| Go to Part 7. | | | |
| | Yes. | Go to line 47. | | | |
| Part 7: | | Describe All Property You Own or Have an Interest in That Yo | u Did Not List Above | | |
| E ■ | xampi No | have other property of any kind you did not already list les: Season tickets, country club membership Give specific information | · c | | |
| 54. <i>A</i> | Add th | ne dollar value of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| Part 8: | : | List the Totals of Each Part of this Form | | | |
| 55. F | Part 1 | : Total real estate, line 2 | | | \$220,000.00 |
| 56. F | Part 2 | : Total vehicles, line 5 | \$7,615.00 | | |
| 57. F | Part 3 | : Total personal and household items, line 15 | \$1,120.00 | | |
| 58. F | Part 4 | : Total financial assets, line 36 | \$43,929.00 | | |
| 59. F | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. F | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. F | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. 1 | Γotal _Ι | personal property. Add lines 56 through 61 | \$52,664.00 | Copy personal property tota | \$52,664.00 |
| 63. 1 | Γotal ο | of all property on Schedule A/B. Add line 55 + line 62 | | | \$272,664.00 |

| Fill in this infor | Fill in this information to identify your case: | | | | | |
|--------------------------------|---|--------------------|-----------|-----------------------|--|--|
| Debtor 1 Kenneth John Schickel | | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Judith Marie Sch | ickel | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | | |
| Case number (if known) | | | | ☐ Check if this is an | | |
| () | | | | amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exe | mpt |
|--|-----|
|--|-----|

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Fla. Const. art. X, § 4(a)(1); \$220,000.00 \$19,244.65 Fla. Stat. Ann. §§ 222.01 &

| 1556 Oak View Drive Sarasota, FL 34232 Sarasota County |
|---|
| Legal Description: LOT 8, BLOCK 6, |
| TAMARON SUBDIVISION, UNIT 2, AS |
| PER PLAT THEREOF RECORDED IN |
| PLAT BOOK 24, PAGES 11, 11A AND |
| 11B, OF THE PUBLIC RECORDS OF |
| SARASOTA COUNTY, FLORIDA |
| Line from Schedule A/B: 1.1 |

100% of fair market value, up to any applicable statutory limit

222.02

2005 Lexus ES330 181900 miles Fla. Stat. Ann. § 222.25(1) \$2,798.00 \$2,000.00 **Good condition** Kelly Blue Book Private Party Value 100% of fair market value, up to Line from Schedule A/B: 3.1 any applicable statutory limit

Fla. Const. art. X, § 4(a)(2) \$798.00 \$2,798.00 Good condition Kelly Blue Book Private Party Value 100% of fair market value, up to Line from Schedule A/B: 3.1 any applicable statutory limit 2015 Nissan Sentra 48000 miles Fla. Const. art. X, § 4(a)(2) \$39.37 \$4,817.00 **Good condition**

Joint with daughter, Loretta Yander, who has possession of the vehicle Line from Schedule A/B: 3.2

2005 Lexus ES330 181900 miles

100% of fair market value, up to any applicable statutory limit

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Judith Marie Schickel Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Sofa, Loveseat, 2 Lamps, Coffee Fla. Const. art. X, § 4(a)(2) \$1,000.00 \$1,000.00 Table, 2 End Tables, Dining Room П Table and 8 Chairs, Sofa, 2 Chairs, 100% of fair market value, up to Lamp, 2 Rugs, Washer, Dryer, Stove, any applicable statutory limit Bed, TV, TV Stand, 2 End Tables, Toaster, Refrigerator, Microwave, Vacuum, 2 Dressers, 2 Beds, Lamp, Desk Line from Schedule A/B: 6.1 **Telephone and Cell Phone** Fla. Const. art. X, § 4(a)(2) \$10.00 \$10.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Men's Cothing \$50 Fla. Const. art. X, § 4(a)(2) \$100.00 \$100.00 Women's Cothing \$50 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit wedding band Fla. Const. art. X, § 4(a)(2) \$10.00 \$10.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking Act #6825: SunTrust Bank Fla. Stat. Ann. § 222.201; 11 \$100.00 \$100.00 Line from Schedule A/B: 17.1 U.S.C. § 522(d)(10)(A) 100% of fair market value, up to any applicable statutory limit Savings Act #1962: SunTrust Bank Fla. Stat. Ann. § 222.201; 11 \$5.00 \$5.00 Line from Schedule A/B: 17.2 U.S.C. § 522(d)(10)(A) 100% of fair market value, up to any applicable statutory limit Pension: SunTrust Fla. Stat. Ann. § 222.21(2) Unknown Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit State Farm Life Insurance Fla. Stat. Ann. § 222.14 \$25,000.00 \$25,000.00 Beneficiary: Kenneth Schickel Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit **State Farm Life Insurance** Fla. Stat. Ann. § 222.14 \$18,824.00 \$18.824.00 Beneficiary: Kenneth Schickel Line from Schedule A/B: 31.2 100% of fair market value, up to any applicable statutory limit NY Life AARP Life Insurance Fla. Stat. Ann. § 222.14 \$0.00 Unknown **Beneficiary: Judith Schickel** П Line from Schedule A/B: 31.3 100% of fair market value, up to any applicable statutory limit

Kenneth John Schickel

Debtor 1

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| | otor 1 otor 2 | Kenneth John Schickel Judith Marie Schickel | Case number (if known) | |
|----|------------------|---|--------------------------------|--|
| 3. | (Sub | you claiming a homestead exemption of more than \$160,375? ect to adjustment on 4/01/19 and every 3 years after that for cases filed on or No | after the date of adjustment.) | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 day No | s before you filed this case? | |

| | Case 8:19 | -bk-02498-MGW Doc 1 Filed | d 03/21/19 Pa | ge 19 of 51 | |
|--|--|--|--|--|-----------------------------------|
| Fill in this informa | tion to identify you | r case: | | | |
| Debtor 1 | Kenneth John S | chickel | | | |
| | First Name | Middle Name Last Name | | | |
| Debtor 2 | Judith Marie Sc | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| United States Bank | ruptcy Court for the: | MIDDLE DISTRICT OF FLORIDA | | | |
| Case number | | | | _ | if this is an led filing |
| Official Form | 106D | | | | |
| Schedule D | : Creditors | Who Have Claims Secure | d by Property | У | 12/15 |
| is needed, copy the A number (if known). 1. Do any creditors ha \(\sum_\) No. Check th | dditional Page, fill it on the claims secured by | nis form to the court with your other schedules. \ | On the top of any addition | al pages, write your na | |
| Part 1: List All S | Secured Claims | | | | |
| for each claim. If more | e than one creditor has | nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Amy M. San | nto, As | Describe the property that secures the claim: | \$85,218.14 | \$220,000.00 | \$0.00 |
| c/o Charles Jr.,Esq PO Box 400 Bradenton, |) | 1556 Oak View Drive Sarasota, FL 34232 Sarasota County Legal Description: LOT 8, BLOCK 6, TAMARON SUBDIVISION, UNIT 2, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 24, PAGES 11, 11A AND 11B, OF THE PUBLIC RECORDS OF SARASOTA COUNTY, FLORIDA As of the date you file, the claim is: Check all that apply. | | | |
| | | Contingent | | | |
| Number, Street, Cl | ity, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or second car loan) | ecured | | |
| Debtor 2 only | Oh | Statutory lien (such as tax lien, mechanic's lien) | | | |
| ■ Debtor 1 and Debt At least one of the | | ☐ Judgment lien from a lawsuit | | | |
| Check if this clair community debt | n relates to a | Other (including a right to offset) | | | |
| Date debt was incurr | red | Last 4 digits of account number | | | |

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| Debtor 1 Kenneth John Schickel | ame Last Name | Case number (if known) | | |
|--|---|------------------------|--------------|--------|
| First Name Middle N Debtor 2 Judith Marie Schickel | | | | |
| First Name Middle N | ame Last Name | | | |
| Niccon Mater Accept | | | | |
| Nissan Motor Accept Corp | Describe the property that secures the claim: | \$9,555.26 | \$9,634.00 | \$0.00 |
| Creditor's Name | 2015 Nissan Sentra 48000 miles | | | |
| | Good condition | | | |
| | Joint with daughter, Loretta Yander, | | | |
| | who has possession of the vehicle | | | |
| PO Box 660360 | As of the date you file, the claim is: Check all that | | | |
| Dallas, TX 75266-0360 | apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage or so car loan) | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | , <u> </u> | | | |
| Date debt was incurred | Last 4 digits of account number 0001 | | | |
| | | | | |
| Wells Fargo Home | | | | |
| Mortgage | Describe the property that secures the claim: | \$115,537.21 | \$220,000.00 | \$0.00 |
| Creditor's Name | 1556 Oak View Drive Sarasota, FL | | | |
| | 34232 Sarasota County Legal Description: LOT 8, BLOCK 6, | | | |
| | TAMARON SUBDIVISION, UNIT 2, | | | |
| | AS PER PLAT THEREOF | | | |
| | RECORDED IN PLAT BOOK 24, | | | |
| | PAGES 11, 11A AND 11B, OF THE PUBLIC RECORDS OF SARASOTA | | | |
| | COUNTY, FLORIDA | | | |
| PO Box 10335 | As of the date you file, the claim is: Check all that apply. | | | |
| Des Moines, IA 50306 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who away the daht? O | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage or so car loan) | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | _ |
| Date debt was incurred | Last 4 digits of account number1123 | | | |
| | | | | |
| Add the dellesselve of the Control o | Jaluman A an Alria marra 186-ita Abarta at a | * 040.040.0 | 4 | |
| Add the dollar value of your entries in C If this is the last page of your form, add | column A on this page. Write that number here: the dollar value totals from all pages. | \$210,310.6 | | |
| Write that number here: | and admin value totale from an pages. | \$210,310.6 | 1 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 0.19-bk-0249 | 0-MOW DOCI The US/21/19 Fage 21 013 | T |
|--|--|--|---|
| Fill in this inform | nation to identify your case: | | |
| Debtor 1 | Kenneth John Schickel | | |
| | First Name Middle | e Name Last Name | |
| Debtor 2 | Judith Marie Schickel | | |
| (Spouse if, filing) | First Name Middle | e Name Last Name | |
| United States Bar | nkruptcy Court for the: MIDDLE I | DISTRICT OF FLORIDA | |
| Case number | | _ | Chapte if this is an |
| (ii kilowii) | | | Check if this is an amended filing |
| | /F: Creditors Who Hav | e Unsecured Claims creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY cl | 12/15 |
| any executory contr Schedule G: Execut Schedule D: Credito | racts or unexpired leases that could re tory Contracts and Unexpired Leases ors Who Have Claims Secured by Prop tinuation Page to this page. If you hav | secult in a claim. Also list executory contracts on Schedule A/B: Property (Off (Official Form 106G). Do not include any creditors with partially secured clair perty. If more space is needed, copy the Part you need, fill it out, number the e no information to report in a Part, do not file that Part. On the top of any ad | icial Form 106A/B) and on ns that are listed in entries in the boxes on the |
| Part 1: List Al | I of Your PRIORITY Unsecured C | aims | |
| 1. Do any credito | rs have priority unsecured claims aga | inst you? | |
| No. Go to Pa | art 2. | | |
| ☐ Yes. | | | |
| Part 2: List Al | I of Your NONPRIORITY Unsecur | ed Claims | |
| ☐ No. You hav | | against you? is form to the court with your other schedules. Ilphabetical order of the creditor who holds each claim. If a creditor has more to | han aga panniaritu |
| unsecured claim | n, list the creditor separately for each cla | im. For each claim listed, identify what type of claim it is. Do not list claims already is reditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | ncluded in Part 1. If more |
| | | | Total claim |
| 4.1 Capital | One | Last 4 digits of account number 8777 | \$4,762.76 |
| Attn: Ge PO Box | Creditor's Name eneral Correspondence 30285 de City, UT 84130-0285 | When was the debt incurred? | _ |
| Number St Who incur | reet City State Zip Code red the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor | 1 only | ☐ Contingent | |
| ☐ Debtor | 2 only | ☐ Unliquidated | |
| ■ Debtor | 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least | t one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | if this claim is for a community | ☐ Student loans | |
| debt Is the clair | m subject to offset? | Obligations arising out of a separation agreement or divorce that you did no report as priority claims | t |
| ■ No | | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | Other. Specify Credit Card | |
| | | | |

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| Debtor 1 Debtor 2 | Kenneth John Schickel Judith Marie Schickel | Case number (if known) | |
|----------------------|--|---|------------|
| | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number 8597 | \$2,460.20 |
| | PO Box 60500 City of Industry, CA 91716-0500 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| | Discover Nonpriority Creditor's Name | Last 4 digits of account number 9612 | \$8,648.52 |
| | PO Box 71084 Charlotte, NC 28272-1084 | When was the debt incurred? | |
| Ī | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| , | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | ls the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | |
| | Portfolio Recovery | Last 4 digits of account number 2283 | \$370.53 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 41067 | When was the debt incurred? | |
| Ī | Norfolk, VA 23541 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | ls the claim subject to offset? | report as priority claims | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Collection agency for Ann Taylor/WFNNB | |
| | | · · · | |

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| | r 2 Judith Marie Schickel | Case number (if known) | |
|-----|--|---|------------|
| 4.5 | Radius Global Solutions Nonpriority Creditor's Name | Last 4 digits of account number 3835 | \$1,896.38 |
| | PO Box 390846 Minneapolis, MN 55439 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collection agency for Bank of America/FIA Card Services #1359 | |
| 4.6 | Sarasota Memorial Nonpriority Creditor's Name | Last 4 digits of account number 6318 | \$703.50 |
| | 1700 S. Tamiami Trail Sarasota, FL 34239 | When was the debt incurred? 7/16/17 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Bill | |
| 4.7 | Sarasota Memorial | Last 4 digits of account number 0649 | \$1,316.00 |
| | Nonpriority Creditor's Name 1700 S. Tamiami Trail Sarasota, FL 34239 | When was the debt incurred? 12-4-17 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Medical Bill | |
| | - - | — Other Opecity | |

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| Debtor 1 Debtor 2 | | John Schickel arie Schickel | | Case n | umber (if known) | | | | |
|---|--|--|--|---|---|--|---------------------------------|--|--|
| 4.8 | Sarasota M | emorial | Last 4 digits of account number | 3395 | ; | | \$1,340.08 | | |
| | Nonpriority Cre | ditor's Name niami Trail | When was the debt incurred? | 2/6/1 | 8 | | | | |
| | Sarasota, F | L 34239 City State Zip Code | - As of the data you file the alaim | As of the date you file, the claim is: Check all that apply | | | | | |
| | | the debt? Check one. | As of the date you file, the claim | is: Chec | к ан тат арру | | | | |
| _ | Debtor 1 on | | ☐ Contingent | | | | | | |
| | Debtor 2 on | • | ☐ Unliquidated | | | | | | |
| | | d Debtor 2 only | ☐ Disputed | | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| | | is claim is for a community | | | | | | | |
| | ⊒ Cneck ii tii debt | is claim is for a community | ☐ Student loans ☐ Obligations arising out of a sep | aration a | greement or divorce that | t vou did not | | | |
| l. | s the claim su | bject to offset? | report as priority claims | | g | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| I | No | | Debts to pension or profit-shari | ng plans, | and other similar debts | | | | |
| [| ☐ Yes | | Other. Specify Medical Bi | | | | | | |
| | | omeowners Assoc. | Last 4 digits of account number | | | | \$150.00 | | |
| F | Nonpriority Cre PO Box 515 Sarasota F | | When was the debt incurred? | | | | | | |
| 1 | Number Street | City State Zip Code the debt? Check one. | As of the date you file, the claim | is: Chec | k all that apply | | | | |
| | Debtor 1 on | | ☐ Contingent | | | | | | |
| ı | Debtor 2 on | ly | ☐ Unliquidated | | | | | | |
| ı | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | | | |
| _ | _ | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| _ | _ | is claim is for a community | | | | | | | |
| | debt | is claim is for a community | Obligations arising out of a separation agreement or divorce that you of | | | | | | |
| I | s the claim su | bject to offset? | report as priority claims Debts to pension or profit-shari | | | | | | |
| | No | | | | | | | | |
| [| ☐ Yes | | Other. Specify Homeown | ers As | soc Fees/Dues | | | | |
| Part 3: | List Other | s to Be Notified About a Deb | t That You Already Listed | | | | | | |
| is trying have me notified Part 4: | g to collect fro ore than one of for any debts | om you for a debt you owe to son creditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Uns certain types of unsecured clain | | n Parts 1 litional c | or 2, then list the colle reditors here. If you do | ection agency here. So not have additional | Similarly, if you persons to be | | |
| type or | unsecurea ci | allii. | | | Total Cla | : | | | |
| | 6a. | Domestic support obligations | | 6a. | Total Cla | 0.00 | | | |
| To | otal | 5 | | | Ψ | 0.00 | | | |
| clai from Pai | | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | | | |
| | 6c. | | njury while you were intoxicated | 6c. | \$ | 0.00 | | | |
| | 6d. | Other. Add all other priority unse | cured claims. Write that amount here. | 6d. | \$ | 0.00 | | | |
| | | | | | | | | | |
| | 6e. | Total Priority. Add lines 6a through | ugh 6d. | 6e. | \$ | 0.00 | | | |
| | | | | | Total Cla | im | | | |
| To clai | 6f. | Student loans | | 6f. | \$ | 0.00 | | | |
| from Pai | | | paration agreement or divorce that | 0. | ¢. | 0.00 | | | |
| | 6h. | you did not report as priority of Debts to pension or profit-sha | laims ring plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 | | | |
| | 6i. | · · · · · · · · · · · · · · · · · · · | insecured claims. Write that amount | 6i. | \$ | <u> </u> | | | |
| | | | | | | | | | |

Official Form 106 E/F

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| | | John Schickel rrie Schickel | Case nu | mber (if | known) |
|--|-----|---|---------|----------|-----------|
| | | here. | | | 21,647.97 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 21,647.97 |

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|-----------|--|
| Debtor 1 | Kenneth John Sc | hickel | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Judith Marie Sch | ickel | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | MIDDLE DISTRICT OF | FLORIDA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Ony | | Oldio | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | - City | | <u> </u> | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

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| | Oasc 6.13 1 | 5K 02-100 MICVV | D00 1 1 1100 00/ | 21/10 Tage | 27 01 01 |
|---------------------------------------|--|---|--|--|---|
| Fill in th | is information to identify your | case: | | | |
| Debtor 1 | Kenneth John Sc | hickel | | | |
| Debtor 2 | First Name Judith Marie Sch | Middle Name | Last Name | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United S | tates Bankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | |
| Case nur | mber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people ar fill it out, your nam | e filing together, both are equ | ally responsible for supposes on the left. Attacle. Answer every question | olying correct information the Additional Page to the | i. If more space is n nis page. On the top | ate as possible. If two married leeded, copy the Additional Page, o of any Additional Pages, write |
| □ N | n | | | | |
| ■ Ye | - | | | | |
| | ithin the last 8 years, have you ona, California, Idaho, Louisiana, | | | | |
| | o. Go to line 3. | | | | |
| □ Ye | es. Did your spouse, former spou | use, or legal equivalent live | e with you at the time? | | |
| in lir Forn | ne 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make sur | e you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zi | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Loretta Yander 1040 Charlie Daniels Pkw Unit 158 Mount Juliet, TN 37122 | у | | ■ Schedule D, li □ Schedule E/F, □ Schedule G _ Nissan Motor A | , line |

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| Fill | in this information to iden | tify your ca | ase: | | | | ļ | | | | |
|--------------------|---|--|--|--|--------------|---------------|--------------------------|----------------------|---------------------------|------------------------------|-----------------|
| De | btor 1 Ken | neth Joh | nn Schickel | | | _ | | | | | |
| 1 - | btor 2 Jud | lith Marie | Schickel | | | _ | | | | | |
| Un | ited States Bankruptcy Co | ourt for the | : MIDDLE DISTRICT O | F FLORIDA | | | | | | | |
| | se number nown) | | | | | | ☐ An | | ed filing ent showing | g postpetition | |
| \circ | fficial Form 100 | el. | | | | | 13 | income | as of the fo | llowing date: | |
| | fficial Form 106 chedule I: You | | . | | | | MN | Л / DD/ Y | YYY | | 12/1 |
| sup spo atta | as complete and accurate plying correct informations. If you are separated to the a separate sheet to the task of | on. If you d and you his form. (| are married and not filir r spouse is not filing wi | ng jointly, and your th you, do not inclu | spouse i | s liv nati | ing with y on about y | ou, incl your spo | ude inform ouse. If mo | nation about ore space is | your needed, |
| 1. | Fill in your employmer information. | nt | | Debtor 1 | | | | Debtor 2 | or non-fil | ing spouse | |
| | If you have more than o | ne iob. | | ☐ Employed | | | | ☐ Emplo | | д орошоо | |
| | attach a separate page information about additi employers. | with | Employment status | ■ Not employed | | | ١ | ■ Not e | mployed | | |
| | , , | anal or | Occupation | Retired | | | <u> </u> | Retired | | | |
| | Include part-time, seaso self-employed work. | oriai, or | Employer's name | | | | | | | | |
| | Occupation may include or homemaker, if it appl | | Employer's address | | | | | | | | |
| | | | How long employed the | nere? | | | | _ | | | |
| Pa | rt 2: Give Details A | About Mon | thly Income | | | | | | | | |
| | imate monthly income as use unless you are separa | | ate you file this form. If y | you have nothing to r | eport for | any | line, write S | \$0 in the | space. Inc | lude your no | n-filing |
| • | ou or your non-filing spous e space, attach a separat | | | ombine the informatio | on for all e | mpl | oyers for th | nat perso | on on the lir | nes below. If | you need |
| | | | | | | | For Debt | or 1 | | otor 2 or ng spouse | |
| 2. | , , | | ry, and commissions (becalculate what the monthly | 1 | 2. | \$ | | 0.00 | \$ | 0.00 | - |
| 3. | Estimate and list mon | thly overti | ime pay. | | 3. | +\$ | | 0.00 | +\$ | 0.00 | - |
| 4. | Calculate gross Incom | ne. Add lir | ne 2 + line 3. | | 4. | \$ | (| 0.00 | \$ | 0.00 | |

| Copy line 4 here 4, \$ 0.00 \$ 0.00 Solution Solutio | | tor 1 tor 2 | Kenneth John Schickel Judith Marie Schickel | | Cas | se number (<i>if ki</i> | nown) | | | | |
|--|-----|-------------------|--|--------|------|--------------------------|-------|------------|----------|--------|-----------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Social So | | C = | vy line. A hore | 4 | | | 2.00 | no | | pouse | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for feature plans 5c. Voluntary contributions 5c. Voluntary contributions for feature plans 5c. Voluntary con | | Cop | y line 4 nere | 4. | Ф | | J.UU | » _ | | 0.00 | <u>u</u> |
| 55. Mandatory contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Voluntary contributions for retirement plans 5. No. 100 | 5. | List | all payroll deductions: | | | | | | | | |
| 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S. 0.000 5e. Insurance 5d. S. 0.000 5c. Domestic support obligations 5f. S. 0.000 5g. Union dues 5g. Union dues 5g. Union dues 5g. Union dues 5g. S. 0.000 5g. Union dues 5g. Union dues 5g. S. 0.000 5g. 0.000 5g. 0.000 5g. Union dues 5g. S. 0.000 5g. 0.000 | | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | (| 0.00 | \$ | | 0.0 | 0 |
| 56. Required repayments of retirement fund loans 56. Insurance 56. Domestic support obligations 56. Insurance 56. Domestic support obligations 57. Domestic support obligations 58. Double deuctions. Specify: 58. Net income from rental property and from operating a business, profession, or farm 58. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 59. Double deuctions. Specify: 59. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 59. Double deutitions in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Pageidy: 59. Double dentries in line 10 for Debtor 1 and Debtor 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 59. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and othe | | 5b. | | 5b. | | (| 0.00 | \$ | | | |
| Se. Insurance 56. S 0.00 \$ 0.00 57. Domestic support obligations 59. Union dues 59. S 0.00 \$ 0.00 59. S 0.00 \$ 0.00 60. S 0.00 \$ 0.00 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 81. List all other income regularly received: 82. Net income from the firm of | | 5c. | · | 5c. | | | | \$_ | | | |
| 5g. Union dues 5g. 0.000 \$ 0.000 5h. Other deductions. Specify: 5h. \$ 0.000 \$ 0.000 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ 0.000 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ 0.000 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. \$ 0.000 \$ 0.000 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8d. Other government assistance that you regularly receive linclude cash assistance and the value (fi known) of any non-cash assistance hiddle cash assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income. Specify: Assistance From family 8h. \$ 0.000 \$ 0.00 8g. Pension or retirement income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 1,576.30 \$ 1,782.69 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 1,576.30 \$ 1,782.69 Calculate monthly income. Specify: Assistance from family should be entires in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. \$1. ** 0.000 Calculate monthly income. Add lines 7 + line 9. Add the anions in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Wife that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 1. ** 3.358.99 Combinined monthly income. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | \$_ | | | |
| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 5h. \$ 0 | | | *************************************** | | | | | \$_ | | | |
| 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5f+5e+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. + \$ 162.50 + \$ 162.50 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 \$ 3,358.99 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. Non the regular contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. Do not include aim only income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies. 12. \$ 3,358.99 | | - | | - | | | | Φ_ | | | _ |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 \$ 1,782.69 9. Add all other regular contributions to the expenses that you flain grouse. 11. State all other regular contributions to the expenses that you flain in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. White that amount on the Summary of Schedules and Slatistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. | | - | | - | | | | | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from ental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ 0.00 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,413.80 \$ 1,522.90 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (hendelfs under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. \$ 0.00 \$ 97.29 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 11. 1 + \$ 0.00 20.00 20.00 | 6 | | · · · · · · · · · · · · · · · · · · · | _ | \$ | | | \$ | | | _ |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,413.80 \$ 1,522.90 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8g. \$ 0.00 \$ 0.00 9g. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | - | Φ | | | Ψ_ | | | _ |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8d. Social Security 8d. Social Security 8e. \$1,413.80 8f. \$0.00 8d. \$0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$97.29 8h. Other monthly income. Specify: Assistance from family 8h. \$162.50 \$1,782.69 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$1,576.30 \$1,782.69 ■ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | 7. | Ф | | J.UU | Φ_ | | 0.00 | <u>U</u> |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,413.80 \$ 1,522.90 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 97.29 8h. Other monthly income. Specify: Assistance from family 8h.+ \$ 162.50 + \$ 162.50 9. Add all other income. Add line 8 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No. | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. S 0.00 \$ 0.00 8e. Social Security 8e. \$ 1,413.80 \$ 1,522.90 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. \$ 162.50 + \$ 162.50 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | | | • | | | | | | | | |
| settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. \$ 1,413.80 \$ 1,522.90 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. \$ 0.00 \$ 0.00 8g. \$ 0.00 \$ 97.29 8h. Other monthly income. Specify: Assistance from family 8h. \$ 162.50 + \$ 162.50 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. 13. Do you expect an increase or decrease within the year after you file this form? | | | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8b. | \$ | (| 0.00 | \$_ | | 0.00 | <u>0</u> |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. \$ 1,576.30 \$ 1,782.69 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4dd the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,358.99 | | | | 8c. | \$ | (| 0.00 | \$ | | 0.0 | 0 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. + \$ 162.50 + \$ 162.50 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8d. | Unemployment compensation | 8d. | \$ | (| 0.00 | \$ | | | _ |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Assistance from family 8h. + \$ 162.50 + \$ 162.50 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,576.30 \$ 1,782.69 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income. No. | | | • | 8e. | \$ | 1,413 | 3.80 | \$_ | 1, | 522.9 | 0_ |
| 8h. Other monthly income. Specify: Assistance from family 8h. \$ 162.50 | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | (| 0.00 | \$ | | 0.0 | 0 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{1,576.30}{1,576.30}\$ \$\frac{1,782.69}{1,782.69}\$ 10. Calculate monthly income. Add line 7 + line 9. 10. \$\frac{1,576.30}{1,576.30}\$ + \$\frac{1,782.69}{1,782.69}\$ = \$\frac{3,358.99}{3,358.99}\$ 11. State all other regular contributions to the expenses that you list in Schedule J. 11. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 14. \$\frac{3,358.99}{5.3,358.99}\$ Combined monthly income No. | | 8g. | Pension or retirement income | 8g. | \$ | (| 0.00 | \$ | | 97.29 | 9 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No. | | 8h. | Other monthly income. Specify: Assistance from family | _ 8h.+ | + \$ | 162 | 2.50 | + \$_ | | 162.5 | 0 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No. | 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,576 | 6.30 | \$_ | 1 | ,782.0 | 69 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No. | 10. | | | 10. \$ | i | 1,576.30 | + \$_ | 1, | 782.69 | = \$ | 3,358.99 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,358.99}{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Incluothe Do r | ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | deper | | | | | Schedule | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | \$ | 3,358.99 |
| 13. Do you expect an increase or decrease within the year after you file this form?No. | | | | | | | | | • | | |
| ☐ Yes. Explain: | 13. | Do y | • | ? | | | | | | month | ny income |
| | | | Yes. Explain: | | | | | | | | |

| | in Alain informa | diam ta islamii | | | | | | |
|---------------------|--|---------------------------------------|--------------------------------------|--|--|---------------|-----------------------------------|---|
| | | ition to identify yo | | | | | | |
| Debt | tor 1 | Kenneth Joh | n Schick | (el | | Che | ck if this is: An amended filing | |
| Debt | tor 2 ouse, if filing) | Judith Marie | Schicke | I | | _ | • | wing postpetition chapter the following date: |
| Unite | ed States Bankr | ruptcy Court for the | : MIDDLI | E DISTRICT OF FLORIDA | | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | orm 106J | Evnor | nege. | | | | 40/45 |
| Be a info nun | as complete a ormation. If m nber (if know | ore space is ne n). Answer ever | possible eded, atta ry questio | . If two married people ar ich another sheet to this | | | | |
| Part 1. | 1: Descr Is this a joir | ribe Your House | hold | | | | | |
| ١. | □ No. Go to | | | | | | | |
| | _ | | in a separ | ate household? | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | • | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your exp | oenses include | _ | No | | | _ | ⊔ Yes |
| | expenses o | f people other t d your depende | han $_{m \sqcap}$ | Yes | | | | |
| exp | imate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance in Cluded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. In | nclude first mortgag | e 4. S | S | 1,332.51 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | 5 | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. S | | 0.00 |
| | | | | upkeep expenses | | 4c. S | | 60.00 |
| 5. | | owner's associat | | dominium dues our residence , such as ho | me equity loans | 4d. 9 5. 9 | | 0.00 |
| J. | Auditional | igage payiii | cities for yo | our residence, such as 110 | no equity idalis | J. (| | 0.00 |

| | Kenneth John Schickel udith Marie Schickel | Case num | ber (if known) | |
|------------|---|--------------|----------------|----------|
| Utilities | : | | | |
| 6a. E | lectricity, heat, natural gas | 6a. | \$ | 176.10 |
| 6b. W | /ater, sewer, garbage collection | 6b. | \$ | 58.89 |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 295.00 |
| | other. Specify: | 6d. | \$ | 0.00 |
| | nd housekeeping supplies | 7. | \$ | 225.00 |
| Childca | re and children's education costs | 8. | \$ | 0.00 |
| Clothin | g, laundry, and dry cleaning | 9. | \$ | 0.00 |
| . Person | al care products and services | 10. | \$ | 0.00 |
| . Medica | l and dental expenses | 11. | \$ | 0.00 |
| | ortation. Include gas, maintenance, bus or train fare. | 40 | Φ. | 113.00 |
| | nclude car payments. | 12. | * | |
| | inment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ble contributions and religious donations | 14. | \$ | 0.00 |
| . Insuran | | | | |
| | nclude insurance deducted from your pay or included in lines 4 or 20. ife insurance | 150 | ¢ | 224 47 |
| | lealth insurance | 15a. 15b. | · | 224.17 |
| | | | · | 0.00 |
| | ehicle insurance | 15c. | \$ | 139.46 |
| | hther insurance. Specify: | 15d. | > | 0.00 |
| Specify: | Do not include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | nent or lease payments: | | | |
| 17a. C | ar payments for Vehicle 1 | 17a. | \$ | 378.96 |
| 17b. C | ar payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. O | Other. Specify: | 17c. | \$ | 0.00 |
| | other. Specify: | 17d. | \$ | 0.00 |
| | syments of alimony, maintenance, and support that you did not report as | 40 | Φ. | 0.00 |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| • | ayments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | eal property expenses not included in lines 4 or 5 of this form or on Sche | | | 0.00 |
| | lortgages on other property leal estate taxes | 20a. 20b. | · · | 0.00 |
| | | 20b. 20c. | | 0.00 |
| | roperty, homeowner's, or renter's insurance | | · | 0.00 |
| | laintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | lomeowner's association or condominium dues | 20e. | · | 0.00 |
| . Other: S | Specify: | 21. | +\$ | 0.00 |
| Calcula | te your monthly expenses | | | |
| | d lines 4 through 21. | | \$ | 3,003.09 |
| | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | -, |
| | d line 22a and 22b. The result is your monthly expenses. | | \$ | 3,003.09 |
| | | | Ψ | 3,003.09 |
| | te your monthly net income. | | _ | |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | | 3,358.99 |
| 23b. C | opy your monthly expenses from line 22c above. | 23b. | -\$ | 3,003.09 |
| 220 0 | ubtract your monthly expenses from your monthly income. | | | |
| | | | | 355.90 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor's are surrendering their home and will have to look for a new place to live and incur rental payments of approximately \$1,000 to \$1,500 per month

| Fill in this info | rmation to identify your | case: | | |
|--|---|---|--|--|
| Debtor 1 | Kenneth John Sc | hickel | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | Judith Marie Schi | ckel | | _ |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | Bankruptcy Court for the: | MIDDLE DISTRICT | OF FLORIDA | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| If two married p You must file the obtaining mone years, or both. | people are filing together his form whenever you fi ey or property by fraud ir 18 U.S.C. §§ 152, 1341, 1 | , both are equally res le bankruptcy schedu I connection with a b | sponsible for supplying correct information ales or amended schedules. Making a falso ankruptcy case can result in fines up to \$2 | n. e statement, concealing property, or |
| Sig | gn Below | | | |
| Did you p | ay or agree to pay some | one who is NOT an at | torney to help you fill out bankruptcy form | ns? |
| ■ No | | | | |
| ☐ Yes. | Name of person | | | h Bankruptcy Petition Preparer's Notice, |
| | | | Decla | aration, and Signature (Official Form 119) |
| | alty of perjury, I declare are true and correct. | that I have read the s | ummary and schedules filed with this dec | laration and |
| X /s/ Ke | enneth John Schickel | | X /s/ Judith Marie Schicke | el |
| | eth John Schickel | | Judith Marie Schickel | |
| Signat | ure of Debtor 1 | | Signature of Debtor 2 | |
| Date | March 21, 2019 | | Date March 21, 2019 | |

| Fill in | this inforn | nation to identify your | case: | | | | | | |
|------------------|--|---|--|---|---|---|--|--|--|
| Debtor 1 | | Kenneth John Schickel | | | | | | | |
| Dobto | · · · · · · | First Name | Middle Name | Last Name | | | | | |
| Debto (Spouse | or ∠ e if, filing) | Judith Marie Sch | Middle Name | Last Name | | | | | |
| United | d States Ba | nkruptcy Court for the: | MIDDLE DISTRICT OF F | LORIDA | | | | | |
| Case (if know | number _ | | | | | theck if this is an mended filing | | | |
| Stat | ement | and accurate as possi | ble. If two married people a | | equally responsible for sup | | | | |
| numbe | er (if knowı | n). Answer every ques | stion. | · | y additional pages, write you | ii name ana oase | | | |
| Part 1 | | | rital Status and Where You | I Lived Before | | | | | |
| 1. W | nat is you | r current marital statu | S? | | | | | | |
| | Married Not mar | ried | | | | | | | |
| 2. D | uring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No] Yes. Lis | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| I | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Address: | | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | |
| | ■ No ■ Yes. Ma | ike sure you fill out <i>Sch</i> | edule H: Your Codebtors (O | fficial Form 106H). | | | | | |
| Part 2 | Explai | n the Sources of You | r Income | | | | | | |
| F | ill in the tota | al amount of income you | received from all jobs and | ng a business during this yeall businesses, including part e together, list it only once u | | ndar years? | | | |
| _ ■ | I No ■ Yes. Fill | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | | year before that: ecember 31, 2017) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$1,109.00 | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

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| 5. Did vou | uunin muno oon | ickel | | Cas | e number (if known) | | | | |
|--|--|--|---|---|---|--|--|--|--|
| Include i and othe | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | | |
| List each | List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | |
| □ No | | | | | | | | | |
| | s. Fill in the details. | | | | | | | | |
| _ 100 | or in in the detaile. | | | | | | | | |
| | | Sou | otor 1 Irces of income Icribe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of incom Describe below. | Gross income (before deductions and exclusions) | | | |
| From Janua the date you | ry 1 of current yea ı filed for bankrup | | , | | Social Security Pension | and \$5,348.07 | | | |
| For last cale (January 1 t | endar year: o December 31, 20 | | cial Security nefits | \$18,612.00 | Social Security Pension | and \$20,859.00 | | | |
| | ndar year before t o December 31, 20 | \ | cial Security nefits | \$18,252.00 | Social Security Pension | and \$20,458.00 | | | |
| 6. Are eith □ No. | Neither Debtor individual primar During the 90 da | 1 nor Debto rily for a perse ays before yo | onal, family, or househ | sumer debts. Consumer debt | | S.C. § 101(8) as "incurred by an | | | |
| □ No. | Neither Debtor individual primar During the 90 da | 1 nor Debto rily for a person rays before you to line 7. below each of that creditor include paym ustment on 4 | r 2 has primarily con- onal, family, or househ u filed for bankruptcy, creditor to whom you p on Do not include paym- nents to an attorney for //01/19 and every 3 year | sumer debts. Consumer debte hold purpose." did you pay any creditor a total aid a total of \$6,425* or more ents for domestic support oblique this bankruptcy case. ars after that for cases filed on sumer debts. | al of \$6,425* or more? in one or more payme gations, such as child or after the date of ac | ents and the total amount you support and alimony. Also, do | | | |
| □ No. | Neither Debtor individual primar During the 90 da | 1 nor Debto rily for a person rays before you to line 7. below each of that creditor include paym ustment on 4 | r 2 has primarily con- onal, family, or househ u filed for bankruptcy, creditor to whom you p on Do not include paym- nents to an attorney for //01/19 and every 3 year | sumer debts. Consumer debte hold purpose." did you pay any creditor a total aid a total of \$6,425* or more ents for domestic support oblique this bankruptcy case. ars after that for cases filed on | al of \$6,425* or more? in one or more payme gations, such as child or after the date of ac | ents and the total amount you support and alimony. Also, do | | | |
| □ No. | Neither Debtor individual primar During the 90 da No. Go to Yes List paic not * Subject to adj. Debtor 1 or Deb | 1 nor Debto rily for a person rys before you to line 7. below each of that creditor include payment ustment on 4 potor 2 or bot rys before you to line 7. below each of ude payments | r 2 has primarily com- onal, family, or househ u filed for bankruptcy, creditor to whom you p on Do not include payments to an attorney for /01/19 and every 3 yea h have primarily con- u filed for bankruptcy, | sumer debts. Consumer debter a load purpose." did you pay any creditor a total a total of \$6,425* or more ents for domestic support obligation this bankruptcy case. ars after that for cases filed on sumer debts. did you pay any creditor a total at total of \$600 or more and a tota | in one or more payme gations, such as child or after the date of a al of \$600 or more? | ents and the total amount you support and alimony. Also, do djustment. | | | |
| □ No. | Neither Debtor individual primar During the 90 da No. Go to Yes List paic not * Subject to adj. Debtor 1 or Deb | 1 nor Debto rily for a person rys before you to line 7. below each of that creditor include paym ustment on 4 botor 2 or bot rys before you to line 7. below each of ude payments riney for this b | r 2 has primarily com- onal, family, or househ u filed for bankruptcy, creditor to whom you p . Do not include paym- nents to an attorney for /01/19 and every 3 yea h have primarily consulting the primarily consulting to the p | sumer debts. Consumer debter hold purpose." did you pay any creditor a total aid a total of \$6,425* or more ents for domestic support obligations this bankruptcy case. Hars after that for cases filed on sumer debts. did you pay any creditor a total aid a total of \$600 or more and obligations, such as child supposed in the sumer debts. | al of \$6,425* or more? in one or more payme gations, such as child or after the date of act al of \$600 or more? d the total amount you port and alimony. Also | ents and the total amount you support and alimony. Also, do djustment. | | | |
| ☐ No. ☐ Yes Credito 7. Within 1 Insiders of which | Neither Debtor individual primar individual primar During the 90 da No. Go of No. Go of No. Subject to adjust No. Go of No. Go | 1 nor Debto rily for a person rily for a person rily so for yo to line 7. below each of that creditor include paym ustment on 4 rotor 2 or bot rays before yo to line 7. below each of ude payment rney for this below es; any gene director, person | r 2 has primarily com- onal, family, or househ u filed for bankruptcy, creditor to whom you p . Do not include paym- nents to an attorney for //01/19 and every 3 yea h have primarily consulting to bankruptcy, creditor to whom you p is for domestic support bankruptcy case. Dates of payn cruptcy, did you makeral partners; relatives of con in control, or owner | sumer debts. Consumer debte hold purpose." did you pay any creditor a total at total of \$6,425* or more ents for domestic support obligations this bankruptcy case. ars after that for cases filed on sumer debts. did you pay any creditor a total did you pay any creditor a total at total of \$600 or more and obligations, such as child support of the total and total of \$600 or more and obligations, such as child support of any general partners; partners | al of \$6,425* or more? in one or more payme gations, such as child or after the date of ad al of \$600 or more? d the total amount you port and alimony. Also well alimony well ariships of which you a green green and any response to the securities; and any respectives. | ents and the total amount you support and alimony. Also, do djustment. u paid that creditor. Do not o, do not include payments to an was an insider? are a general partner; corporations managing agent, including one for | | | |
| Credito 7. Within 1 Insiders of which a busine alimony. | Neither Debtor individual primar individual primar During the 90 da No. Go of No. Go of No. Subject to adjust No. Go of No. Go | 1 nor Debto rily for a person rily for a person rily sefore you to line 7. below each of that creditor include payment rotor 2 or bot rotor 2 or bot rotor 5. below each of the color of th | r 2 has primarily comonal, family, or househout, family, or househout filed for bankruptcy, creditor to whom you property to an attorney for /01/19 and every 3 years of the primarily consumination of the primarily con | sumer debts. Consumer debte hold purpose." did you pay any creditor a total aid a total of \$6,425* or more ents for domestic support oblight this bankruptcy case. ars after that for cases filed on sumer debts. did you pay any creditor a total did you pay any creditor a total aid a total of \$600 or more and obligations, such as child support of any general partners; partner of 20% or more of their voting and old purpose. | al of \$6,425* or more? in one or more payme gations, such as child or after the date of ad al of \$600 or more? d the total amount you port and alimony. Also well alimony well ariships of which you a green green and any response to the securities; and any respectives. | ents and the total amount you support and alimony. Also, do djustment. u paid that creditor. Do not o, do not include payments to an Was this payment for as an insider? are a general partner; corporations managing agent, including one for | | | |

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| | otor 1 otor 2 | Kenneth John Schickel Judith Marie Schickel | | Cas | e number (if k | nown) | | |
|-----|---|---|--|---|----------------|-----------------------------|-----------------------------------|--|
| 8. | inside | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | |
| | ■ N | o es. List all payments to an insider | | | | | | |
| | | er's Name and Address | Dates of payment | Total amount paid | Amount y | | r this payment ditor's name | |
| Par | rt 4: | dentify Legal Actions, Repossession | ns, and Foreclosures | | | | | |
| 9. | List all | 1 year before you filed for bankruptor such matters, including personal injury cations, and contract disputes. | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | | |
| | Case title Case number | | Nature of the case | Court or agency | | Status of t | Status of the case | |
| | Amy M. Santo, as Trustee vs Kenneth Sckickel and Judith | | Foreclosure action | Circuit Court, 12th Judicial Circuit Sarasota County, Florida | | ☐ On app | ■ Pending □ On appeal □ Concluded | |
| | | ckel, et al -CA-001222-NC | | | | L Conciu | - Concided | |
| | ■ N | all that apply and fill in the details below o. Go to line 11. es. Fill in the information below. tor Name and Address | Describe the Property Explain what happened | ı | 1 | Date | Value of the property | |
| 11. | accou | 90 days before you filed for bankrup nts or refuse to make a payment bec o es. Fill in the details. | otcy, did any creditor, incl | | nancial instit | ution, set off any | amounts from your | |
| | | tor Name and Address | | | | Date action was | Amount | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes | | | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | | |
| 13. | ■ N | • | tcy, did you give any gifts | s with a total value | of more than | n \$600 per persor | n? | |
| | | es. Fill in the details for each gift. with a total value of more than \$600 erson | Describe the gifts | | | Dates you gave the gifts | Value | |
| | Perso | on to Whom You Gave the Gift and | | | | | | |

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| | otor 1 Kenneth John Schickel otor 2 Judith Marie Schickel | | | Case number (| if known) | | | |
|-----|--|------------------------|--|--------------------------|-----------------------------------|--------------------------|--|--|
| DOL | Juditii Marie Schicker | | | Case Hamber (| | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | | Dates you contributed | Value | | |
| Par | 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy or | since you filed for bankruptcy, did | you lose anyt | hing because of thef | t, fire, other disaster, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred Describe any insurance coverage Include the amount that insurance has | | | | Date of your loss | Value of property lost | | |
| | insurance claims on line 33 of Schedule A/B: Property. | | | | | | | |
| Par | 17: List Certain Payments or Transfers | | | | | | | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any propertransferred | nd value of any property | | Amount of payment | | |
| | Timothy W. Gensmer, P.A. 2831 Ringling Blvd. Ste. 202-A | | Attorney Fees | | | \$1,600.00 | | |
| | Sarasota, FL 34237-5348 tim@timgensmer.com | | | | | | | |
| | | | | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any propertions of the control of the con | perty | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property | | | | | | | |
| | transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre- | busin made a | ess or financial affairs? as security (such as the granting of a | | | | | |
| | ■ No □ Yes, Fill in the details. | | | | | | | |
| | Person Who Received Transfer | | Description and value of | | any property or | Date transfer was | | |
| | Address Person's relationship to you | | property transferred | payments paid in exc | received or debts change | made | | |

| | otor 1 otor 2 | Kenneth John Schickel Judith Marie Schickel | | | | Case num | ber (if known) | | |
|-----|---|--|---------|---|-------------------------|-------------|---|-------|---|
| 19. | benef | n 10 years before you filed for bankru iciary? (These are often called asset-prolo No 'es. Fill in the details. | | otcy, did you transfer any property to a self-settled trust or similar device of which you are otection devices.) | | | | | |
| | Name | e of trust | | Description and v | alue of the pro | perty trans | ferred | Dat | te Transfer was de |
| Par | t 8: | List of Certain Financial Accounts, In | strum | nents, Safe Deposit | Boxes, and St | torage Unit | s | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brohouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | | |
| | | e of Financial Institution and ess (Number, Street, City, State and ZIP | | t 4 digits of ount number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | b | Last balanc efore closing o transfe |
| 21. | | u now have, or did you have within 1 or other valuables? | year l | before you filed for | bankruptcy, a | ny safe dep | oosit box or other deposi | tory | for securities, |
| | _ | lo ′es. Fill in the details. | | | | | | | |
| | | e of Financial Institution ess (Number, Street, City, State and ZIP Code) | | Who else had acc Address (Number, St State and ZIP Code) | | Describe | the contents | | Do you still nave it? |
| 22. | = N | you stored property in a storage unit lo 'es. Fill in the details. | or pla | ice other than your | home within 1 | year befor | e you filed for bankruptc | y? | |
| | | e of Storage Facility ess (Number, Street, City, State and ZIP Code) | | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | | Do you still nave it? |
| Par | t 9: | Identify Property You Hold or Contro | l for S | Someone Else | | | | | |
| 23. | Do yo | u hold or control any property that so | meor | ne else owns? Inclu | ide any proper | ty you bori | owed from, are storing for | or, o | r hold in trust |

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| | otor 1 otor 2 | Kenneth John Schickel Judith Marie Schickel | | Case number (ii | f known) | | | | |
|-----|------------------|--|--|--------------------|------------------------|--------------------|--|--|--|
| 24. | Has a | any governmental unit notified you that y | ou may be liable or potentially liable | under or in viol | lation of an environme | ental law? | | | |
| | _ ` | No Yes. Fill in the details. | | | | | | | |
| | | e of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ental law, if you | Date of notice | | | |
| 25. | Have | you notified any governmental unit of a | ny release of hazardous material? | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | |
| | | ne of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ental law, if you | Date of notice | | | |
| 26. | Have | you been a party in any judicial or admi | nistrative proceeding under any envi | onmental law? | Include settlements a | and orders. | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | e Title e Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the o | :ase | Status of the case | | | |
| Pa | rt 11: | Give Details About Your Business or C | onnections to Any Business | | | | | | |
| 27. | Withi | n 4 years before you filed for bankruptc | y, did you own a business or have an | y of the following | ng connections to any | / business? | | | |
| | I | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time | or part-time | | | | |
| | ı | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ı | ☐ A partner in a partnership | | | | | | | |
| | I | ☐ An officer, director, or managing exec | cutive of a corporation | | | | | | |
| | ı | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | | |
| | | No. None of the above applies. Go to Pa | rt 12. | | | | | | |
| | _ | Yes. Check all that apply above and fill i | | | | | | | |
| | | | Describe the nature of the business | | Identification number | r | | | |
| | Addı (Numl | | Name of accountant or bookkeeper | | clude Social Security | number or ITIN. | | | |
| 20 | \A(!4\-! | n 2 wasta hafara way filad for hankrumta | u did vov sive e financial etetement t | | t very business? Incl. | ide all financial | | | |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

■ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

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| Debtor 2 | | | Case number (if known) |
|--------------------------|---|-------------------------|---|
| | | | |
| Part 12: | Sign Below | | |
| are true with a ba | | ilse statement | nd any attachments, and I declare under penalty of perjury that the answers c, concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both. |
| /s/ Ken | nneth John Schickel | /s/ Ju | dith Marie Schickel |
| | th John Schickel ure of Debtor 1 | | h Marie Schickel ture of Debtor 2 |
| Date | March 21, 2019 | Date | March 21, 2019 |
| Did you ■ No □ Yes | attach additional pages to Your Statemen | t of Financial <i>i</i> | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you ■ No | pay or agree to pay someone who is not a | ın attorney to l | help you fill out bankruptcy forms? |
| ☐ Yes. I | Name of Person . Attach the <i>Bankrupt</i> | cv Petition Prei | parer's Notice. Declaration. and Signature (Official Form 119). |

| Fill in this inform | nation to identify your case: | | |
|------------------------------------|---|---|---|
| Debtor 1 | Kenneth John Schickel | | |
| | First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Judith Marie Schickel First Name Middle Name | Last Name | |
| | | | |
| United States Bar | hkruptcy Court for the: MIDDLE DISTRIC | CT OF FLORIDA | |
| Case number _ | | | |
| (if known) | | | Check if this is an amended filing |
| Official Fo | | viduals Filing Under Chapte | r 7 12/15 |
| | vidual filing under chapter 7, you must fi | Il out this form if: | |
| | claims secured by your property, or | | |
| You must file this | ver is earlier, unless the court extends th | not expired. Tyou file your bankruptcy petition or by the date set ne time for cause. You must also send copies to the | |
| • | ople are filing together in a joint case, bo d date the form. | oth are equally responsible for supplying correct inf | ormation. Both debtors must |
| write yo | our name and case number (if known). | s needed, attach a separate sheet to this form. On the | ne top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have Secured Claims | | |
| 1. For any creditor information be | | D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| | ditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | |
| Creditor's A | my M. Santo, As Trustee | ■ Surrender the property. | ■ No |
| name: | | ☐ Retain the property and redeem it. | _ |
| Description of | 1556 Oak View Drive Sarasota, | Retain the property and enter into a | ☐ Yes |
| property | FL 34232 Sarasota County | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | Legal Description: LOT 8, BLOCK 6, TAMARON SUBDIVISION, UNIT 2, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 24, PAGES 11, 11A AND 11B, OF THE PUBLIC | - retain the property and texplain. | |
| | RECORDS OF SARASOTA COUNTY, FLORIDA | | _ |
| | | | |
| Creditor's N iname: | issan Motor Accept Corp | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | Retain the property and redeem it. | ■ Yes |
| Description of | 2015 Nissan Sentra 48000 miles Good condition | Reaffirmation Agreement. | |
| | Joint with daughter, Loretta Yander, who has possession of | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| | neth John Schickel ith Marie Schickel | Case number (if kn | oown) |
|---|---|--|---------------------------------------|
| property securing debt | the vehicle | ☐ Retain the property and [explain]: | |
| name: Description of property securing debt | FL 34232 Sarasota County Legal Description: LOT 8, BLOCK 6, TAMARON SUBDIVISION, UNIT 2, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 24, PAGES 11, 11A AND 11B, OF THE PUBLIC RECORDS OF SARASOTA COUNTY, FLORIDA | ■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ No □ Yes |
| For any unexpir in the information | on below. Do not list real estate leases. | ed in Schedule G: Executory Contracts and Unex Unexpired leases are leases that are still in effect if the trustee does not assume it. 11 U.S.C. § 365 | ; the lease period has not yet ended. |
| Describe your | unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: Description of le Property: Lessor's name: Description of le Property: | | | □ No □ Yes □ No □ Yes |
| Lessor's name: Description of le Property: Lessor's name: | ased | | □ No □ Yes □ No |
| Description of le Property: | ased | | ☐ Yes |
| Lessor's name: Description of le Property: | ased | | □ No □ Yes |
| Lessor's name: Description of le Property: | ased | | □ No □ Yes |
| Lessor's name: Description of le Property: | ased | | □ No □ Yes |

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| Debto Debto | | enneth John Schickel udith Marie Schickel | | Case number (if known) | |
|----------------|---------|--|-------------------------------|-----------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Part 3 | Si Si | gn Below | | | |
| | | y of perjury, I declare that I have ind is subject to an unexpired lease. | icated my intention about any | property of my estate that secure | es a debt and any personal |
| x / | s/ Ker | neth John Schickel | X /s/ J | udith Marie Schickel | |
| ŀ | Kenne | th John Schickel | Jud | th Marie Schickel | |
| S | Signatu | re of Debtor 1 | Sign | ature of Debtor 2 | |
| | Date | March 21, 2019 | Date | March 21, 2019 | |

| Fill in th | nis information to identify your case: | | | | | | irected in | this form and in | n Form |
|------------------------|--|--|--------------------------|--|-------------------------|---------------------------|------------------------------|---------------------------------------|-----------------------------|
| Debtor | 1 Kenneth John Schickel | | | 122 | A-1Supp | • | | | |
| Debtor (Spouse, | - Cautti Mario Comono | | | | 1. The | e is no pres | umption o | of abuse | |
| United | States Bankruptcy Court for the: Middle District | of Florida | | [| арр | | nade unde | ne if a presumper <i>Chapter 7 Me</i> | |
| Case n | | | | | | , | | apply now beca | ougo of |
| () | | | | | | | | out it could app | |
| | | | | | ☐ Chec | k if this is a | n amend | led filing | |
| Offic | ial Form 122A - 1 | | | | | | | | |
| Chai | pter 7 Statement of Your C | urrent | : Mor | nthly Inc | ome | | | | 12/1 |
| attach a case nur | mplete and accurate as possible. If two married peopseparate sheet to this form. Include the line number niber (if known). If you believe that you are exempted g military service, complete and file Statement of Ex | to which the | e addition sumption | nal information a of abuse becaus | oplies. Or se you do | the top of a not have pri | ny addition | nal pages, write sumer debts or l | your name and because of |
| 1. W | hat is your marital and filing status? Check one | e only. | | | | | | | |
| | Not married. Fill out Column A, lines 2-11. | • | | | | | | | |
| | Married and your spouse is filing with you. Fi | ll out both (| Columns | A and B, lines 2 | 2-11. | | | | |
| | Married and your spouse is NOT filing with yo | | | | | | | | |
| | ☐ Living in the same household and are not I | | - | - | umns A a | and B, lines 2 | 2-11. | | |
| | ☐ Living separately or are legally separated. penalty of perjury that you and your spouse a living apart for reasons that do not include ev | re legally s | eparated | d under nonbanl | cruptcy la | w that appli | es or that | | |
| 101(1 the 6 | n the average monthly income that you received from 10A). For example, if you are filing on September 15, the months, add the income for all 6 months and divide the ses own the same rental property, put the income from the | 6-month per total by 6. Fil | iod would I in the re | be March 1 throu sult. Do not includ | gh August e any inco | 31. If the amo | ount of your ore than or | r monthly income nce. For example | varied during , if both |
| | | | | | Column Debtor 1 | | Column Debtor non-fili | | |
| | our gross wages, salary, tips, bonuses, overting ayroll deductions). | ne, and co | mmissio | ons (before all | \$ | 0.00 | \$ | 0.00 | |
| Co | limony and maintenance payments. Do not incli olumn B is filled in. | | | · | \$ | 0.00 | \$ | 0.00 | |
| of fro an | Il amounts from any source which are regularly you or your dependents, including child support an unmarried partner, members of your house and roommates. Include regular contributions from the ed in. Do not include payments you listed on line | ort. Include hold, your o a spouse o | e regular depende | contributions nts, parents, umn B is not | \$ | 0.00 | \$ | 0.00 | |
| | et income from operating a business, profession | | 1 | | | | | | |
| | - | | | otor 1 | | | | | |
| Gr | ross receipts (before all deductions) | \$_ | 0.00 | | | | | | |
| | rdinary and necessary operating expenses | -\$_ | 0.00 | Comultana | ↑ | 0.00 | c | 0.00 | |
| | et monthly income from a business, profession, or | farm \$ _ | 0.00 | Copy here -> | | 0.00 | \$ | 0.00 | |
| 6. N e | et income from rental and other real property | | Deb | otor 1 | | | | | |
| <u></u> | ross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | ruga reucidia ideidie ali deddullidia) | | | | | | | | |

Official Form 122A-1

0.00

0.00 Copy here -> \$

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0.00

\$

\$

0.00

0.00

-\$

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

| Depioi i | Renneth John Schickel udith Marie Schickel | | | Case numbe | r (<i>if known</i>) | | | |
|------------------|---|--|-------------|----------------------------------|-----------------------|------------------------------|--------------------|----------------|
| | | | | Column A Debtor 1 | | Column E Debtor 2 non-filing | or | |
| 8. Unem | ployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| the So | t enter the amount if you contend that the amou cal Security Act. Instead, list it here: | | fit under | | | | | |
| For | you | \$0. | 00 | | | | | |
| For | your spouse | \$0. | 00 | | | | | |
| 9. Pension | on or retirement income. Do not include any a tunder the Social Security Act. | mount received that wa | s a | \$ | 0.00 | \$ | 97.29 | |
| Do not receive | te from all other sources not listed above. Spatinclude any benefits received under the Social ed as a victim of a war crime, a crime against histic terrorism. If necessary, list other sources on elow. | Security Act or paymer umanity, or internationa | nts I or | | | | | |
| | · | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| | late your total current monthly income. Add local column. Then add the total for Column A to the t | | \$ | 0.00 | + \$_ | 97.29 | = \$ | 97.29 |
| Part 2: | Determine Whether the Means Test Applies | to You | | | | | Total ci income | urrent monthly |
| | late your current monthly income for the yea | • | | | | | | |
| 12a. C | Copy your total current monthly income from line | 11 | | Сор | y line 11 | here=> | \$ | 97.29 |
| M | fultiply by 12 (the number of months in a year) | | | | | | x 1 | 2 |
| 12b. T | he result is your annual income for this part of t | he form | | | | 12 | 2b. \$ | 1,167.48 |
| 13. Calcul | late the median family income that applies to | you. Follow these step | os: | | | | | |
| Fill in t | the state in which you live. | FL | | | | | | |
| Fill in t | the number of people in your household. | 2 | | | | | | |
| To find | the median family income for your state and size of a list of applicable median income amounts, go s form. This list may also be available at the bar | o online using the link s | pecified | in the separa | ate instruc | tions 13 | 3. \\$5 | 58,960.00 |
| 14. How d | lo the lines compare? | | | | | | | |
| 14a. | Line 12b is less than or equal to line 13. Go to Part 3. | On the top of page 1, ch | eck box | 1, There is | no presun | nption of abo | use. | |
| 14b. | Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | , The pr | esumption o | f abuse is | determined | by Form 12 | 2A-2. |
| Part 3: | Sign Below | | | | | | | |
| В | by signing here, I declare under penalty of perjui | y that the information o | n this st | atement and | in any att | achments is | true and co | rrect. |
| Х | /s/ Kenneth John Schickel | X | s/ Judi | th Marie S | chickel | | | |
| | Kenneth John Schickel Signature of Debtor 1 | | | Marie Schi e of Debtor 2 | | | | |
| Date | March 21, 2019 | | Ü | e of Debior 2 21, 2019 | = | | | |
| 24.0 | MM / DD / YYYY | | |) / YYYY | | | | |
| If | you checked line 14a, do NOT fill out or file Fo | rm 122A-2. | | | | | | |
| If | you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | |

Kenneth John Schickel

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

| in re | Judith Marie Schickel | | Case No. | |
|--------|---------------------------------|--|--------------------|---------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR | MATRIX | |
| Γhe ab | ove-named Debtors hereby verify | that the attached list of creditors is true and co | errect to the best | of their knowledge. |
| Date: | March 21, 2019 | /s/ Kenneth John Schickel Kenneth John Schickel | | |
| | | Signature of Debtor | | |
| Date: | March 21, 2019 | /s/ Judith Marie Schickel | | |
| | | Judith Marie Schickel | | |

Signature of Debtor

Kenneth John Schickel

Kenneth John Schickel 1556 Oak View Drive Sarasota, FL 34232 Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541

Judith Marie Schickel 1556 Oak View Drive Sarasota, FL 34232 Radius Global Solutions PO Box 390846 Minneapolis, MN 55439

Timothy W. Gensmer Timothy W. Gensmer, P.A. 2831 Ringling Blvd. Ste. 202-A Sarasota, FL 34237-5348 Sarasota Memorial 1700 S. Tamiami Trail Sarasota, FL 34239

Amy M. Santo, As Trustee c/o Charles J. Pratt Jr.,Esq PO Box 400 Bradenton, FL 34206 Tamaron Homeowners Assoc. PO Box 51582 Sarasota, FL 34232-0333

Capital One Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0285 Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306

Credit One Bank PO Box 60500 City of Industry, CA 91716-0500

Discover PO Box 71084 Charlotte, NC 28272-1084

Loretta Yander 1040 Charlie Daniels Pkwy Unit 158 Mount Juliet, TN 37122

Nissan Motor Accept Corp PO Box 660360 Dallas, TX 75266-0360 Case 8:19-bk-02498-MGW Doc 1 Filed 03/21/19 Page 51 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

| In re | Kenneth John Schickel Judith Marie Schickel | | Case No. | |
|-------------|---|---|--------------------------------------|-----------------------------------|
| | Γ | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION | N OF ATTOR | NEY FOR DE | CBTOR(S) |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | For legal services, I have agreed to accept | | \$ | 1,600.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,600.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | 335.00 of the filing fee has been paid. | | | |
| 3. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. ′ | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| б. 1 | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed. | | | |
| 7.] | By agreement with the debtor(s), the above-disclosed fee does not inc Representation of the debtors in any dischargeabil filing of motions pursuant to 11 USC 522(f)(2)(A) for unsecured liens on homestead; loan modifications adversary proceeding. | lity actions, judici r avoidance of lie motions or medi | al lien avoidance ns on household | d goods, motions to strip |
| | CERTIF | | | |
| | I certify that the foregoing is a complete statement of any agreement ankruptcy proceeding. | or arrangement for p | ayment to me for re | epresentation of the debtor(s) in |
| | | / Timothy W. Gen | | |
| D | | imothy W. Gensmignature of Attorney | ner | |
| | Т | imothy W. Gensir | | |
| | | 831 Ringling Blvd te. 202-A | i . | |
| | S | arasota, FL 34237 | | |
| | | 41.952.9377 Fax: m@timgensmer.c | | |
| | | ame of law firm | | |